

EdensJr, Walter, NMENV

From: EdensJr, Walter, NMENV
Sent: Friday, June 05, 2009 10:47 AM
To: 'Jahan.Nasim@epamail.epa.gov'
Subject: Ruidoso XP+-97630701-04

Attachments: dol.scanner@state.nm.us_20090605_104845.pdf



dol.scanner@state
.nm.us_200906...

Good morning Nasim. Attached is the final pay request for the referenced STAG grant for Ruidoso. I believe all forms are attached and I recommend making payment to the grantee. If you need additional information or forms please advise. I hope you have a good weekend.

Sandy Edens, P.E.
Project Manager
New Mexico Environment Department, CPB
5500 San Antonio NE
Albuquerque, NM 87109
505-222-9512

-----Original Message-----

From: dol.scanner@state.nm.us [mailto:dol.scanner@state.nm.us]
Sent: Friday, June 05, 2009 10:49 AM
To: EdensJr, Walter, NMENV
Subject: Scanned image from MX-M550N

DEVICE NAME: NM Environmental Dept
DEVICE MODEL: MX-M550N
LOCATION: Front Office

FILE FORMAT: PDF MMR(G4)
RESOLUTION: 300dpi x 300dpi


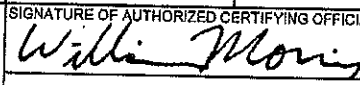
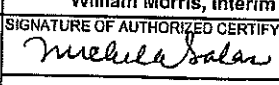
Attached file is scanned image in PDF format.

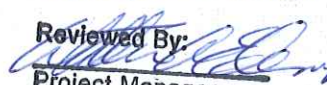

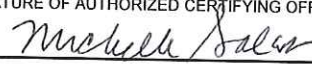
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OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS		OMB APPROVAL NO. 0348-0		PAGE 1 OF 1 PAGES	
(See instructions on back)		1. TYPE OF REQUEST <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED USEPA / NMED		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY XP-97630701-04		5. PARTIAL PAYMENT REQUEST NO. 5	
6. EMPLOYER IDENTIFICATION NUMBER 85-6000650	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	PERIOD COVERED BY THIS REQUEST			
		FROM (Month, day, year) 4/1/2009		TO (Month, day, year) 4/30/2009	
9. RECIPIENT ORGANIZATION Name: Village of Ruidoso No. and Street: 313 Cree Meadows City, State and ZIP Code: Ruidoso, New Mexico 88345		10. PAYEE (Where check is to be sent if different than Item 9) Name: Village of Ruidoso No. and Street: 313 Cree Meadows City, State and ZIP Code: Ruidoso, New Mexico 88345			
11. STATUS OF FUNDS					
CLASSIFICATION	PROGRAMS -- FUNCTIONS -- ACTIVITIES			TOTAL	
	(a)	(b)	(c)		
a. Administrative expense	8,630.00			8,630.00	
b. Preliminary expense	86,162.00			86,162.00	
c. Land, structures, right-of-way				0.00	
d. Architectural engineering basic fees	178,183.35			178,183.35	
e. Other architectural engineering fee				0.00	
f. Project Inspection fees				0.00	
g. Land development				0.00	
h. Relocation expense				0.00	
i. Relocation payments to individuals and businesses				0.00	
j. Demolition and removal				0.00	
k. Construction and project improvement cost	2,752,340.55			2,752,340.55	
l. Equipment				0.00	
m. Miscellaneous cost				0.00	
n. Total cumulative to date (sum of lines a thru m)	3,025,315.90			3,025,315.90	
o. Deductions for program income	0.00			0.00	
p. Net cumulative to date (line n minus line o)	3,025,315.90			3,025,315.90	
q. Federal share to date (55.00%)	1,663,923.75			1,663,923.75	
r. Rehabilitation grants (100% reimbursement)				0.00	
s. Total Federal share (sum of lines q and r)	1,663,923.75			1,663,923.75	
t. Federal payments previously requested	965,820.17			965,820.17	
u. Amount requested for reimbursement	278,204.84			0.00	
v. Percentage of physical completion of project	54%			54%	
12. CERTIFICATION Reviewed By:  Project Manager Construction Programs Bureau-NMED Date: 6/11/09		a. RECIPIENT		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	
				DATE REPORT SUBMITTED 6/10/09	
				TYPED OR PRINTED NAME AND TITLE William Morris, Interim City Manager	
				TELEPHONE (Area code, number, and extension) (575) 258-4343	
b. REPRESENTATIVE CERTIFYING TO LINE 11V		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 		DATE SIGNED 6-10-09	
		TYPED OR PRINTED NAME AND TITLE Michelle Salas, P.E.		TELEPHONE (Area code, number, and extension) 505-242-5700	
AUTHORIZED FOR LOCAL REPRODUCTION PREVIOUS EDITION USABLE		STANDARD FORM 271 (Rev. 7-97) Prescribed by OMB Circular A-102 and A-110			

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS		OMB APPROVAL NO. 034 02		PAGE 1 OF 1 PAGES	
(See instructions on back)		1. TYPE OF REQUEST <input checked="" type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED USEPA / NMED		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY XP-97630701-04		5. PARTIAL PAYMENT REQUEST NO. 5	
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e. Other architectural engineering fee				0.00	
f. Project inspection fees				0.00	
g. Land development				0.00	
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m. Miscellaneous cost				0.00	
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o. Deductions for program income	0.00			0.00	
p. Net cumulative to date (line n minus line o)	3,025,315.90			3,025,315.90	
q. Federal share to date (55.00%)	1,663,923.75			1,663,923.75	
r. Rehabilitation grants (100% reimbursement)				0.00	
s. Total Federal share (sum of lines q and r)	1,663,923.75			1,663,923.75	
t. Federal payments previously requested	965,820.17			965,820.17	
u. Amount requested for reimbursement	343,679.84	- REMAINDER of GRANT		0.00	
v. Percentage of physical completion of project	54%			54%	
12. CERTIFICATION Note: \$965,820.17 (PREVIOUS) + 343,679.84 \$1,309,500 = GRANT TOTAL Reviewed By:  Project Manager Construction Programs Bureau-NMED Date: 5/26/09		a. RECIPIENT SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL  TYPED OR PRINTED NAME AND TITLE William Morris, Interim City Manager		DATE REPORT SUBMITTED 5/26/09 TELEPHONE (Area code, number, and extension) (575) 258-4343	
b. REPRESENTATIVE CERTIFYING TO LINE 11V SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL  TYPED OR PRINTED NAME AND TITLE Michelle Salas, P.E.		DATE SIGNED 5-18-09 TELEPHONE (Area code, number, and extension) 505-242-5700			
AUTHORIZED FOR LOCAL REPRODUCTION PREVIOUS EDITION USABLE		STANDARD FORM 271 (Rev. 7-97) Prescribed by OMB Circular A-102 and A-110			

APPLICATION AND CERTIFICATE FOR PAYMENT

TO: **Village of Ruidoso**
(Owner) **313 Cree Meadows Drive**
Ruidoso, NM 88345

PROJECT: **Phase 1A - Sludge Handling
and Ultraviolet Disinfection
Facilities 2008**

APPLICATION NO.: **6**

Distribution to:

☐ OWNER
☐ ARCHITECT
☐ CONTRACTOR
☐
☐

FROM: **Tatsch Construction, Inc.**
(Contractor) **208 Highway 180 West**
Silver City, New Mexico 88061

VIA: **Angel Campos**
(A/E) **Molzen-Corbin & Associates, P.A.**
2701 Miles Road, SE
Albuquerque, NM 87106

PERIOD TO: **30-Apr-09**

PROJECT NO.:

CONTRACT FOR: **General Construction**CONTRACT DATE: **22-Sep-08****CONTRACTORS APPLICATION FOR PAYMENT**

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

CHANGE ORDER SUMMARY			
Change orders approved in previous months by Owner		ADDITIONS	DEDUCTIONS
TOTAL			\$22,505.16
Approved this Month			
Number	Date Approved		
2	20-Mar-09	\$72,853.88	
TOTALS		\$72,853.88	\$22,505.16
Net Change by Change Orders			\$50,348.72

1. ORIGINAL CONTRACT SUM	\$6,794,274.00
2. Net change by Change Orders	\$50,348.72
3. CONTRACT SUM TO DATE	\$6,844,622.72
Lines 4 through 8 should not include taxes.	
4. Total Completed & Stored to Date	\$3,659,390.48
(Column G on Continuation Sheet)	
5. Retainage:	

Total Retainage is total	
in Column I on Continuation Sheet(s))	
6. Total Earned Less Retainage	\$3,659,390.48
(Line 4 less Line 5)	
7. Less Previous Certificates For Payment	\$2,454,855.02
(Line 6 from prior Certificate)	
8. Current Payment Due	\$1,204,535.46
9. Plus Applicable Taxes at 5.3750%	\$64,743.78
10. Current Payment Due Including Taxes	\$1,269,279.24
11. Balance To Finish, Plus Retainage	\$3,185,232.24
(excluding taxes)	

The undersigned Contractor certifies that to the best of the Contractors knowledge, information and belief the Work covered this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: **Tatsch Construction, Inc.**By: 

11-May-09

Richard A. Rogers, Vice President

ENGINEER'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Engineer certifies to the Owner that to the best of the Engineer's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED **\$1,269,279.24**
(Attach explanation if amount certified differs from the amount applied for.)
ENGINEER: **Molzen-Corbin & Associates**

By:  Date: **5-13-09**

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

OWNER'S AUTHORIZATION FOR PAYMENT

By:  Date: **5/21/09**

By:

Date:

U.S. EPA PAYMENT REQUEST FOR TWO SIGNATORY OFFICIALS (RECIPIENT/ EPA)

Recipient Name: Village of Ruidoso Contact Person: Bill Morris, Interim City Manager Date: 5/18/09
 Phone #: 575-258-4343 Fax #: 575-258-5361

ACH #		Request # <u>5</u>			Cash on Hand: \$ <u>0</u>				
Assistance Agreement	FY max 4	Appr max 7	Budget Org max 7	Program Element max 9	Site Project max 8	Cost max 7	\$ Amount	Mark (X) if Credit	EPA Use only
EPA XP-97630701							\$343,679.84		
Total Amount Requested							\$ <u>\$343,679.84</u>		

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

APPROVALS:

Bill Morris
 Recipient Approving Official's Signature

[Signature]
 EPA Approving Official's Signature

 EPA Certifying Officer Approval

5/20/09
 Date Approved

5/26/09
 Date Approved

 Date Approved

\$ _____
EPA APPROVED AMOUNT

For EPA Use Only

Page 1 of 1

XP-976307-01

Description	BUDGET			DRAWDOWN	DRAWDOWN	DRAWDOWN	DRAWDOWN	DRAWDOWN
				#1	#2	#3	#4	#5
	STAG	Spent to Date	Funds Remaining	7/3/2003	7/30/2006	3/11/2009	4/23/2009	5/18/2009
Administrative and Legal	\$4,746.50	\$4,746.50	\$0.00	\$ 4,746.50				
Architectural and Engineering	\$98,000.84	\$98,000.84	\$0.00		\$98,000.84			
Other Prof Service Fees (grants admin, survey, demo)		\$0.00	\$0.00					
Project Inspection Fees		\$0.00	\$0.00					
Construction	\$1,159,363.56	\$1,159,363.56	\$0.00			\$322,392.58	\$493,291.14	\$343,679.84
Equipment		\$0.00	\$0.00					
Other Costs (printing, debt reserve req'mt)	\$47,389.10	\$47,389.10	\$0.00	\$ 47,389.10				
Contingencies		\$0.00	\$0.00					
Totals	\$1,309,500.00	\$1,309,500.00	\$0.00	\$ 52,135.60	\$98,000.84	\$322,392.58	\$493,291.14	\$343,679.84



LOBBYING AND LITIGATION CERTIFICATION FOR GRANTS AND COOPERATIVE AGREEMENTS*

INSTRUCTIONS:

* At project completion, complete this form pursuant to the 2001 Department of Veterans Affairs and Housing and Urban Development, and Independent Appropriations Act, Public Law 106-377, Section 424 and 2000 Department of Veterans Affairs and Housing and Urban Development, and Independent Appropriations Act, Public Law 106-74, Section 426 and any other subsequent Appropriation Act requirements.

Please mail this form to your EPA Grant Specialist within 90 days of project completion. DO NOT send this information to the Office of Management & Budget.

Assistance Agreement Number(s):

XP-97630701

I hereby certify that none of these funds have been used to engage in the lobbying of the Federal Government or in litigation against the United States unless authorized under existing law.

William Morris
Signature of the Chief Executive Officer

5/20/07
Date

William Morris, Interim City Manager
Print Name

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted USEPA Region 6	2. Federal Grant or Other Identifying Number Assigned By Federal Agency XP-97630701	OMB Approval No. 0348-0038	Page of 1 2 pages
3. Recipient Organization (Name and complete address, including ZIP code) Village of Ruidoso, 313 Cree Meadows, Ruidoso, NM 88345			
4. Employer Identification Number 85-6000650	5. Recipient Account Number or Identifying Number	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 11/15/2002	To: (Month, Day, Year) 5/18/2009	9. Period Covered by this Report From: (Month, Day, Year) 4/1/2009	To: (Month, Day, Year) 4/30/2009
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	2,721,869.00	968,539.84	3,690,408.84
b. Recipient share of outlays	1,756,049.00	624,860.00	2,380,909.00
c. Federal share of outlays	965,820.16	343,679.84	1,309,500.00
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share(Sum of lines c and f)			1,309,500.00
h. Total Federal funds authorized for this funding period			1,309,500.00
i. Unobligated balance of Federal funds(Line h minus line g)			0.00
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input checked="" type="checkbox"/> Final <input type="checkbox"/> Fixed		
	b. Rate	c. Base	d. Total Amount
			e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.			
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.			
Typed or Printed Name and Title William Morris, Interim City Manager		Telephone (Area code, number and extension) 575-258-4343	
Signature of Authorized Certifying Official 		Date Report Submitted May 18, 2009	

**U.S. ENVIRONMENTAL PROTECTION AGENCY
 MBE/WBE UTILIZATION UNDER FEDERAL GRANTS, COOPERATIVE
 AGREEMENTS, AND INTERAGENCY AGREEMENTS**

PART 1. (Reports are required even if no procurements are made during the reporting period.)

1A. FEDERAL FISCAL YEAR 200 <u>9</u>		1B. REPORTING QUARTER (Check appropriate box) <input type="checkbox"/> 1 st (Oct-Dec) <input type="checkbox"/> 2 nd (Jan-Mar) <input checked="" type="checkbox"/> 3 rd (Apr-Jun) <input type="checkbox"/> 4 th (Jul-Sep) <input type="checkbox"/> Annual																																					
1C. REVISION Year: _____ Quarter: _____		HIGHLIGHT ITEMS TO BE REVISED AND PROVIDE EXPLANATION IN BLOCK No. 6																																					
2A. FEDERAL FINANCIAL ASSISTANCE AGENCY <small>(EPA Office Address - ATTN: DBE Coordinator)</small> USEPA, Region 6 (6MD-CG) 1441 Ross Ave., Ste 1200, Dallas TX 75202-2733		3A. REPORTING RECIPIENT (Name and Address) Village of Ruidoso 313 ERCE MENDOWS DR Ruidoso, NM 88345																																					
2B. REPORTING CONTACT <small>(EPA DBE Coordinator)</small> Laverne Baker	2C. PHONE: 214-665-7284	3B. REPORTING CONTACT (Recipient) William Morris	3C. PHONE: 575-258-4343																																				
4A. FINANCIAL ASSISTANCE AGREEMENT ID NUMBER <small>(SRF State Recipients, Refer to Instructions for Completion of 4A, 5A, and 5C)</small> XP-96631701-0		4B. FEDERAL FINANCIAL ASSISTANCE PROGRAM U.S. E.P.A.																																					
5A. TOTAL ASSISTANCE AGREEMENT AMOUNT EPA Share: \$ <u>867,300</u> Recipient Share: \$ <u>709,609</u>		5B. Check and skip to Block No. 7 if no procurements and accomplishments were made this reporting period. <input type="checkbox"/>																																					
5C. TOTAL PROCUREMENT AMOUNT THIS REPORTING PERIOD (ONLY include the amount not in any prior reporting period and procurements made by SRF Loan Recipients and Sub-Recipients) <u>\$ 343,679.84</u> <small>(Exclude procurement amounts reported by Prime Contractors)</small>																																							
5D. ACTUAL MBE/WBE PROCUREMENT ACCOMPLISHED THIS REPORTING PERIOD BY RECIPIENT (SRF State Recipients, Report State Procurement Activities Here) <table style="width:100%;"> <thead> <tr> <th></th> <th>\$ MBE</th> <th>\$ WBE</th> </tr> </thead> <tbody> <tr><td>Construction</td><td>_____</td><td>_____</td></tr> <tr><td>Equipment</td><td>_____</td><td>_____</td></tr> <tr><td>Services</td><td>_____</td><td>_____</td></tr> <tr><td>Supplies</td><td>_____</td><td>_____</td></tr> <tr><td>TOTAL</td><td align="center"><u>0</u></td><td align="center"><u>0</u></td></tr> </tbody> </table>			\$ MBE	\$ WBE	Construction	_____	_____	Equipment	_____	_____	Services	_____	_____	Supplies	_____	_____	TOTAL	<u>0</u>	<u>0</u>	5E. ACTUAL MBE/WBE PROCUREMENT ACCOMPLISHED THIS REPORTING PERIOD BY LOAN RECIPIENTS, SUB-RECIPIENTS, AND PRIME CONTRACTORS <table style="width:100%;"> <thead> <tr> <th></th> <th>\$ MBE</th> <th>\$ WBE</th> </tr> </thead> <tbody> <tr><td>Construction</td><td>_____</td><td>_____</td></tr> <tr><td>Equipment</td><td>_____</td><td>_____</td></tr> <tr><td>Services</td><td>_____</td><td>_____</td></tr> <tr><td>Supplies</td><td>_____</td><td>_____</td></tr> <tr><td>TOTAL</td><td align="center"><u>0</u></td><td align="center"><u>0</u></td></tr> </tbody> </table>			\$ MBE	\$ WBE	Construction	_____	_____	Equipment	_____	_____	Services	_____	_____	Supplies	_____	_____	TOTAL	<u>0</u>	<u>0</u>
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Supplies	_____	_____																																					
TOTAL	<u>0</u>	<u>0</u>																																					
6. COMMENTS: All Funds are too be used For construction by Tatch Construction, Which is not either a minority or women Business.																																							
7. NAME OF AUTHORIZED REPRESENTATIVE William Morris		TITLE Interim Village Manager																																					
8. SIGNATURE OF AUTHORIZED REPRESENTATIVE William Morris		DATE 6/5/09																																					